

Lot/Unit No :	Project : IMI	PIANA SKY RESIDENSI	Date :
Owner's/Representative Name :	Contact No :	Address :	
MASTER BEDROOM 2 MASTER BATH 2	Item Item Ining Item I	Description	
Acknowledgement Section			
By Key – No. of Key received By Appointment Others – Please specify		Acknowledgement after Rectification I confirmed that the defects encounte	
Note: Tick if complaint received via email/co Owner/Authorized Representative	all/others. Developer's Representative	Owner/Authorized Representative	Developer's Representative
(Signature) Name:	(Signature)	(Signature)	(Signature) Name:
Email Call C	Position :	Keys returned (pc) :	Position:
Others	Date :	Date :	Date :